



110TH CONGRESS
1ST SESSION

H. R. 2034

To provide quality, affordable health care for all Americans.

IN THE HOUSE OF REPRESENTATIVES

APRIL 25, 2007

Mr. DINGELL (for himself, Mr. RANGEL, Mr. WAXMAN, Mr. STARK, Ms. SCHAKOWSKY, Mr. MARKEY, Mr. WYNN, Ms. BALDWIN, Mr. TOWNS, Ms. SOLIS, Mr. ENGEL, Mr. GENE GREEN of Texas, and Mr. DOYLE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide quality, affordable health care for all Americans.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare for All Act”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Medicare for all.

“TITLE XXII—MEDICARE FOR ALL

“Sec. 2201. Quality health care for all Americans.

“Sec. 2202. Eligibility, enrollment, and coverage.

“Sec. 2203. Benefits.

“Sec. 2204. Choice of coverage under private health care delivery systems.

“Sec. 2205. Medicare for All Trust Fund.

“Sec. 2206. Administration.

Sec. 3. Financing through employment tax.

Sec. 4. Collectively bargained plans.

1 SEC. 2. MEDICARE FOR ALL.

2 (a) ESTABLISHMENT OF PROGRAM.—The Social Se-
3 curity Act is amended by adding at the end the following:

4 “TITLE XXII—MEDICARE FOR ALL

5 “SEC. 2201. QUALITY HEALTH CARE FOR ALL AMERICANS.

6 “The program under this title—

7 “(1) ensures that all Americans have high qual-
8 ity, affordable health care;

9 “(2) ensures that all Americans have access to
10 health care as good as their Member of Congress re-
11 ceives; and

12 “(3) reduces the cost of health care and en-
13 hances American economic competitiveness in the
14 global marketplace.

15 “SEC. 2202. ELIGIBILITY, ENROLLMENT, AND COVERAGE.

16 “(a) ELIGIBILITY.—

17 “(1) IN GENERAL.—Each eligible individual is
18 entitled to benefits under the program under this
19 title.

20 “(2) ELIGIBLE INDIVIDUAL.—

“(A) IN GENERAL.—For purposes of this title, the term ‘eligible individual’ means an individual who—

“(i) is—

“(I) a citizen of the United States; or

“(II) a person who is lawfully present in the United States; and

“(ii) is not eligible for benefits under part A or B of title XVIII.

“(B) LAWFULLY PRESENT.—For purposes of subparagraph (A)(i)(II), a person is lawfully present in the United States if such person—

“(i) is described in section 431 of Public Law 104–193;

“(ii) is described in section 103.12 of title 8, Code of Federal Regulations (as in effect as of the date of enactment of the Medicare for All Act);

“(iii) is eligible to apply for employment authorization from the Department of Homeland Security as listed in section 274a.12 of title 8, Code of Federal Regulations (as in effect as of the date of enactment of the Medicare for All Act); or

1 “(iv) is otherwise determined to be
2 lawfully present in the United States under
3 criteria established by the Secretary, in
4 consultation with the Secretary of Home-
5 land Security.

6 “(3) PHASE-IN OF ELIGIBILITY.—

7 “(A) IN GENERAL.—Subject to subpara-
8 graphs (B) and (C), under rules established by
9 the Secretary, eligibility for benefits under this
10 title shall be phased-in as follows:

11 “(i) During the first 2 years the pro-
12 gram under this title is in operation, eligi-
13 ble individuals who are under 25 years of
14 age or who are over 55 years of age are el-
15 igible for such benefits.

16 “(ii) During the second 2 years the
17 program under this title is in operation, el-
18 igible individuals who are under 35 years
19 of age or who are over 45 years of age are
20 eligible for such benefits.

21 “(iii) All eligible individuals are eligi-
22 ble for such benefits beginning with the
23 fifth year in which the program under this
24 title is in operation.

1 “(B) NO AGING OUT OF BENEFITS DURING
2 PHASE-IN.—Once an individual is eligible for
3 benefits under this title, the individual shall
4 continue to be so eligible as long as the indi-
5 vidual is an eligible individual (as defined in
6 paragraph (2)).

7 “(C) ELIGIBILITY OF IMMEDIATE FAMILY
8 MEMBERS DURING PHASE-IN.—If an individual
9 is eligible for benefits under this title, each
10 member of such individual’s immediate family
11 shall be eligible for such benefits if that imme-
12 diate family member is an eligible individual (as
13 defined in paragraph (2)).

14 “(b) ENROLLMENT.—

15 “(1) IN GENERAL.—The Secretary shall estab-
16 lish a process under which each eligible individual is
17 deemed to be enrolled under the program under this
18 title. Such process shall include the following:

19 “(A) Enrollment of family members at the
20 same time and using a common form.

21 “(B) Deemed enrollment of an eligible in-
22 dividual upon birth in the United States.

23 “(C) Enrollment of eligible individuals at
24 the time of immigration into the United States.

25 “(2) ISSUANCE OF CARD.—

1 “(A) IN GENERAL.—The Secretary shall
2 provide for issuance of an appropriate card for
3 individuals entitled to benefits under the pro-
4 gram under this title.

5 “(B) LINKING CARD TO AN ELECTRONIC
6 HEALTH RECORD.—

7 “(i) IN GENERAL.—Not later than the
8 sixth year the program under this title is
9 in operation, the Secretary shall ensure
10 that each such card is linked securely to an
11 electronic health record for each such indi-
12 vidual.

13 “(ii) PRIVACY PROTECTIONS.—The
14 Secretary shall ensure that such card and
15 such electronic health record include strong
16 privacy protections.

17 “(iii) AUTHORITY.—In order to ac-
18 complish the linkage under clause (i), the
19 Secretary is authorized to award grants,
20 issue contracts, alter reimbursement under
21 the program under this title, or provide
22 such other incentives as are reasonable and
23 necessary.

24 “(c) COVERAGE.—

1 “(1) IN GENERAL.—Subject to paragraph (2),
2 the Secretary shall provide for coverage of benefits
3 for items and services furnished on and after the
4 date an individual is entitled to benefits under the
5 program under this title.

6 “(2) INITIAL COVERAGE.—No coverage is avail-
7 able under the program under this title for items
8 and services furnished before the date that is 18
9 months after the date of the enactment of the Medi-
10 care For All Act.

11 “(3) EXPIRATION OF COVERAGE.—An individ-
12 ual’s coverage under the program under this title
13 shall terminate as of the date the individual is no
14 longer an eligible individual.

15 “(d) RELATION TO OTHER PROGRAMS.—

16 “(1) CONSTRUCTION.—

17 “(A) CONTINUED OPERATION OF PUBLIC
18 PROGRAMS.—Nothing in this title, including the
19 application of subsection (b), shall be construed
20 as requiring (or preventing) an individual who
21 is entitled to benefits under the program under
22 this title from obtaining benefits that best suit
23 their needs under any other public health care
24 program to which the individual is entitled, in-
25 cluding under a State Medicaid plan under title

1 XIX, the State Children’s Health Insurance
2 Program under title XXI, a health program of
3 the Department of Defense under chapter 55 of
4 title 10, United States Code, a health program
5 of the Department of Veterans Affairs under
6 chapter 17 of title 38 of such Code, or a med-
7 ical care program of the Indian Health Service
8 or of a tribal organization.

9 “(B) CONTINUED OPERATION OF PRIVATE
10 HEALTH INSURANCE.—Nothing in this title
11 shall be construed as preventing—

12 “(i) an individual who is entitled to
13 benefits under the program under this title
14 from obtaining benefits that supplement or
15 improve the benefits available under such
16 program from any private health insurance
17 plan or policy; or

18 “(ii) one or more employers from pro-
19 viding or funding, pursuant to a collective
20 bargaining agreement, such supplemental
21 or improved benefits for individuals who
22 are entitled to benefits under the program
23 under this title.

24 “(2) PRIMARY PAYOR; OTHER PUBLIC PRO-
25 GRAMS PROVIDING WRAP AROUND BENEFITS.—The

1 program under this title shall be primary payor to
2 other public health care benefit programs and the
3 benefits under such other public health care benefit
4 programs shall supplement the benefits under the
5 program under this title.

6 **“SEC. 2203. BENEFITS.**

7 “(a) COMPREHENSIVE BENEFIT PACKAGE.—The
8 Secretary shall provide for benefits under the program
9 under this title consistent with the following:

10 “(1) MEDICARE FEE-FOR-SERVICE BENEFITS.—

11 The benefits include the full range and scope of ben-
12 efits available under the original fee-for-service pro-
13 gram under parts A and B of title XVIII.

14 “(2) PRESCRIPTION DRUG COVERAGE.—The

15 benefits include coverage of prescription drugs at
16 least as comprehensive as the prescription drug cov-
17 erage offered as of January 1, 2007, under the Blue
18 Cross/Blue Shield Standard Plan provided under the
19 Federal employees health benefits program under
20 chapter 89 of title 5, United States Code (in this
21 title referred to as ‘FEHBP’). Such coverage shall
22 be administered in the same manner as other bene-
23 fits under this section.

24 “(3) INCLUSION OF EPSDT SERVICES.—The

25 benefits include early and periodic screening, diag-

1 nostic, and treatment services described in sub-
2 sections (a)(4)(B) and (r) of section 1905 and pro-
3 vided in accordance with section 1903(a)(43).

4 “(4) PARITY IN COVERAGE OF MENTAL HEALTH
5 BENEFITS.—There shall not be any treatment limi-
6 tations or financial requirements with respect to the
7 coverage of benefits for mental illnesses unless com-
8 parable treatment limitations or financial require-
9 ments are imposed on medical and surgical benefits.
10 Nothing in this paragraph shall be construed to re-
11 quire coverage for mental health benefits that are
12 not medically necessary or to prohibit the appro-
13 priate medical management of such benefits.

14 “(5) PREVENTIVE SERVICES.—The benefits
15 shall include coverage of such additional preventive
16 health care items and services as the Secretary shall
17 specify, in consultation with the United States Pre-
18 ventive Services Task Force.

19 “(6) HOME AND COMMUNITY BASED SERV-
20 ICES.—The benefits shall include coverage of home
21 and community-based services described in section
22 1915(c)(4)(B).

23 “(7) ADDITIONAL BENEFITS.—The benefits
24 shall include such additional benefits that the Sec-
25 retary determines appropriate.

1 “(8) REVISION.—Nothing in this subsection
2 shall be construed as preventing the Secretary from
3 improving the benefit package from time to time to
4 account for changes in medical practice, new infor-
5 mation from medical research, and other relevant
6 developments in health science.

7 “(9) ADJUSTMENT AUTHORIZED.—The Sec-
8 retary shall, on a regular basis, evaluate whether
9 adding any of the benefits described in paragraphs
10 (1) through (7) is necessary or advisable to promote
11 the health of beneficiaries under the program under
12 title XVIII. The Secretary is authorized to improve
13 the benefits available under such program, based
14 upon such evaluation.

15 “(b) COST-SHARING.—

16 “(1) IN GENERAL.—Except as otherwise pro-
17 vided under this subsection or subsection (a)(4),
18 with respect to the benefits described in subsection
19 (a)(1), such benefits shall be subject to the cost-
20 sharing (in the form of deductibles, coinsurance, and
21 copayments) and premiums applicable under the
22 program described in such subsection.

23 “(2) PRESCRIPTION DRUG COVERAGE.—With
24 respect to the benefits described in subsection (a)(2),
25 such benefits shall be subject to the cost-sharing (in

1 the form of deductibles, coinsurance, and copay-
2 ments) applicable under the plan described in such
3 subsection.

4 “(3) TREATMENT OF PREVENTIVE AND ADDI-
5 TIONAL SERVICES.—With respect to benefits de-
6 scribed in paragraphs (5) and (7) of subsection (a),
7 such benefits shall be subject to cost-sharing (in the
8 form of deductibles, coinsurance, and copayments)
9 that is consistent (as determined by the Secretary)
10 with the cost-sharing applicable under paragraph
11 (1).

12 “(4) TREATMENT OF EPSDT AND HOME AND
13 COMMUNITY-BASED SERVICES.—With respect to ben-
14 efits described in paragraphs (3) and (6) of sub-
15 section (a), such benefits shall be subject to nominal
16 cost-sharing (in the form of deductibles, coinsurance,
17 and copayments) that is consistent (as determined
18 by the Secretary) with the cost-sharing applicable to
19 such services under section 1916 (as in effect on
20 January 1, 2007).

21 “(5) REDUCTION IN COST-SHARING FOR LOW-
22 INCOME INDIVIDUALS.—The Secretary shall provide
23 for reduced cost-sharing for low-income individuals
24 in a manner that is no less protective than the re-

1 duced cost-sharing for individuals under section
2 1902(a)(10)(E) (as in effect on January 1, 2007).

3 “(6) FAMILY PREMIUM.—The Secretary shall
4 establish a premium for members of the same family
5 with respect to benefits under the program under
6 this title.

7 “(c) FREEDOM TO CHOOSE YOUR OWN DOCTOR AND
8 HEALTH PLAN.—Except in the case of individuals who
9 elect enrollment in a private health plan under section
10 2204, the provisions of section 1802 shall apply under this
11 title.

12 “(d) PAYMENT SCHEDULE.—

13 “(1) IN GENERAL.—The Secretary, with the as-
14 sistance of the Medicare Payment Advisory Commis-
15 sion, shall develop and implement a payment sched-
16 ule for benefits covered under the program under
17 this title which are provided other than through pri-
18 vate health plans. To the extent feasible, such pay-
19 ment schedule shall be consistent with comparable
20 payment schedules and reimbursement methodolo-
21 gies applied to benefits provided under parts A and
22 B of title XVIII, except, that with respect to the
23 coverage of prescription drugs, the Secretary shall
24 provide for payment in accordance with a payment

1 schedule developed and implemented under the pre-
2 vious sentence.

3 “(2) ADDITIONAL PAYMENTS FOR QUALITY.—

4 The Secretary shall establish procedures to provide
5 reimbursement in addition to the reimbursement
6 under paragraph (1) to health care providers that
7 achieve measures (as established by the Secretary in
8 consultation with health care professionals and
9 groups representing eligible individuals) of health
10 care quality. The Secretary shall ensure that such
11 measures include measures of appropriate use of
12 health information technology.

13 “(e) APPLICATION OF BENEFICIARY PROTEC-
14 TIONS.—The Secretary shall provide for protections of
15 beneficiaries under the program under this title that are
16 not less than the beneficiary protections provided under
17 title XVIII, including appeal rights and limitations on bal-
18 ance billing.

19 **“SEC. 2204. CHOICE OF COVERAGE UNDER PRIVATE**
20 **HEALTH CARE DELIVERY SYSTEMS.**

21 “(a) IN GENERAL.—The Secretary shall provide a
22 process for—

23 “(1) the offering of private health plans for the
24 provision of benefits under the program under this
25 title; and

1 “(2) the enrollment, disenrollment, termination,
2 and change in enrollment of eligible individuals in
3 such plans.

4 “(b) OFFERING OF PRIVATE HEALTH PLANS.—

5 “(1) IN GENERAL.—The Secretary shall enter
6 into contracts with qualified entities for the offering
7 of private health plans under the program under this
8 title. In entering into such contracts the Secretary
9 shall have the same authority that the Director of
10 the Office of Personnel Management has with re-
11 spect to health benefits plans under FEHBP.

12 “(2) REQUIREMENTS.—The Secretary shall not
13 enter into such a contract for the offering of a pri-
14 vate health plan under the program under this title
15 unless at least the following requirements are met:

16 “(A) BENEFITS AS GOOD AS YOUR CON-
17 GRESSMAN GETS.—Benefits under such plans
18 are similar to or no less than the health bene-
19 fits coverage in any of the 4 largest health ben-
20 efits plans (determined by enrollment) offered
21 under FEHBP. Such plans may provide health
22 benefits in addition to such required benefits
23 and may impose a premium for the provision of
24 benefits. Such plans may not provide for finan-
25 cial payments or rebates to enrollees.

1 “(B) BENEFICIARY PROTECTIONS.—En-
2 rollees in such plans have beneficiary protec-
3 tions that are not less than the beneficiary pro-
4 tections applicable under this title to individuals
5 not so enrolled and shall include beneficiary
6 protections applicable under both FEHBP and
7 part C of title XVIII.

8 “(C) OTHER ADMINISTRATIVE REQUIRE-
9 MENTS.—The plans are subject to such require-
10 ments relating to licensure and solvency, protec-
11 tion against fraud and abuse, inspection, disclo-
12 sure, periodic auditing, and administrative oper-
13 ations and efficiencies as the Secretary identi-
14 fies, taking into account similar requirements
15 under FEHBP and part C of title XVIII.

16 “(c) ANNUAL OPEN ENROLLMENT.—The process
17 under subsection (a)(2) shall provide for an annual open
18 enrollment period in which individuals may enroll, and
19 change or terminate enrollment, in private health plans
20 in a manner similar to that provided under FEHBP as
21 of January 1, 2007.

22 “(d) PAYMENT TO PRIVATE HEALTH PLANS.—

23 “(1) IN GENERAL.—In the case of an individual
24 enrolled in a private health plan under this section
25 for a month, the Secretary shall provide for payment

1 of an amount equal to $\frac{1}{12}$ of the annual per capita
2 amount (described in paragraph (2), as adjusted
3 under paragraph (3)).

4 “(2) ANNUAL PER CAPITA AMOUNT.—The an-
5 nual per capita amount under this paragraph shall
6 be the annual average per capita cost of providing
7 benefits under the program under this title (includ-
8 ing both individuals enrolled and not enrolled under
9 private health plan), as computed by the Secretary
10 based on rules similar to the rules described in sec-
11 tion 1876(a)(4).

12 “(3) RISK-ADJUSTMENT.—In making payment
13 under this subsection, the Secretary shall apply risk
14 adjustment factors similar to those applied to pay-
15 ments to Medicare Advantage organizations under
16 section 1853, except that the Secretary shall ensure
17 that payments under this subsection are adjusted
18 based on such factors to ensure that the health sta-
19 tus of the enrollee is reflected in such adjusted pay-
20 ments, including adjusting for the difference between
21 the health status of the enrollee and individuals re-
22 ceiving benefits under the program under this title
23 who are not so enrolled. Payments under this sub-
24 section must, in aggregate, reflect such differences.

1 “(e) REQUIREMENTS FOR FEHBP CARRIERS.—

2 Each contract entered into or renewed under section 8902
3 of title 5, United States Code, shall require the carrier
4 to offer a separate plan under this section on similar terms
5 and conditions to, but with a separate risk pool from, the
6 plan offered by the carrier under FEHBP.

7 **“SEC. 2205. MEDICARE FOR ALL TRUST FUND.**

8 “(a) ESTABLISHMENT OF TRUST FUND.—There is
9 hereby created on the books of the Treasury of the United
10 States a trust fund to be known as the ‘Medicare for All
11 Trust Fund’ (in this section referred to as the ‘Trust
12 Fund’). The Trust Fund shall consist of such gifts and
13 bequests as may be made as provided in section 201(i)(1),
14 and such amounts as may be deposited in, or appropriated
15 to, such fund as provided in this part.

16 “(b) TRANSFERS TO TRUST FUND.—There are here-
17 by appropriated to the Medicare for All Trust Fund, out
18 of any moneys in the Treasury not otherwise appropriated,
19 amounts equivalent to—

20 “(1) the taxes received in the Treasury under
21 sections 1401(c), 3101(c), and 3111(c) of the Inter-
22 nal Revenue Code of 1986;

23 “(2) such portion of the taxes received in the
24 Treasury under section 3201 as are attributable to
25 the rate specified in section 3101(c) of such Code;

1 “(3) such portion of the taxes received in the
2 Treasury under section 3211 of such Code as are at-
3 tributable to the sum of the rates specified in section
4 3101(c) and 3111(c) of such Code; and

5 “(4) such portion of the taxes received in the
6 Treasury under section 3221 as are attributable to
7 the rate specified in section 3111(c) of such Code.
8 The amounts appropriated by the preceding sentence shall
9 be transferred from time to time from the general fund
10 in the Treasury to the Trust Fund, such amounts to be
11 determined on the basis of estimates by the Secretary of
12 the Treasury of the taxes, specified in the preceding sen-
13 tence, paid to or deposited into the Treasury, and proper
14 adjustments shall be made in amounts subsequently trans-
15 ferred to the extent prior estimates were in excess of or
16 were less than the taxes specified in such sentence.

17 “(c) INCORPORATION OF PROVISIONS.—

18 “(1) IN GENERAL.—Subject to paragraph (2),
19 subsections (b) through (i) of section 1817 shall
20 apply with respect to the Trust Fund and this title
21 in the same manner as they apply with respect to
22 the Federal Hospital Insurance Trust Fund and
23 part A of title XVIII, respectively.

1 “(2) MISCELLANEOUS REFERENCES.—In apply-
2 ing provisions of section 1817 under paragraph
3 (1)—

4 “(A) any reference in such section to ‘this
5 part’ is construed to refer to this title;

6 “(B) any reference to taxes referred to in
7 subsection (a) of such section shall be construed
8 to refer to the taxes referred to in subsection
9 (b) of this section; and

10 “(C) the Board of Trustees of the Medi-
11 care for All Trust Fund shall be the same as
12 the Board of Trustees of the Federal Hospital
13 Insurance Trust Fund.

14 **“SEC. 2206. ADMINISTRATION.**

15 “Except as otherwise provided in this title—

16 “(1) the Secretary shall enter into appropriate
17 contracts with providers of services, other health
18 care providers, and medicare administrative contrac-
19 tors, taking into account, and based to the greatest
20 extent practicable upon, the types of contracts used
21 under title XVIII with respect to such entities, to
22 administer the program under this title;

23 “(2) benefits described in section 2203 that are
24 payable under the program under this title to such
25 individuals shall be paid in a manner specified by

1 the Secretary (taking into account, and based to the
2 greatest extent practicable upon, the manner in
3 which they are provided under title XVIII); and

4 “(3) provider participation agreements under
5 title XVIII shall apply to enrollees and benefits
6 under the program under this title in the same man-
7 ner as they apply to enrollees and benefits under the
8 program under title XVIII.”.

9 (b) CONFORMING AMENDMENTS TO SOCIAL SECU-
10 RITY ACT PROVISIONS.—

11 (1) Section 201(i)(1) of the Social Security Act
12 (42 U.S.C. 401(i)(1)) is amended—

13 (A) by striking “or the Federal Supple-
14 mentary ” and inserting “the Federal Supple-
15 mentary”; and

16 (B) by inserting “or the Medicare for All
17 Trust Fund” after “such Trust Fund”).

18 (2) Section 201(g)(1)(A) of such Act (42
19 U.S.C. 401(g)(1)(A)) is amended by striking “and
20 the Federal Supplementary Medical Insurance Trust
21 Fund established by title XVIII” and inserting “,
22 the Federal Supplementary Medical Insurance Trust
23 Fund established by title XVIII, and the Medicare
24 for All Trust Fund established under title XXII”.

1 (c) MAINTENANCE OF MEDICAID ELIGIBILITY AND
2 BENEFITS.—In order for a State to continue to be eligible
3 for payments under section 1903(a) of the Social Security
4 Act (42 U.S.C. 1396b(a)) the State may not reduce stand-
5 ards of eligibility, cost-sharing requirements, or benefits
6 provided under its State Medicaid plan under title XIX
7 of the Social Security Act below such standards of eligi-
8 bility and benefits in effect on the date of the enactment
9 of this Act.

10 **SEC. 3. FINANCING THROUGH EMPLOYMENT TAX.**

11 (a) TAX ON EMPLOYEES.—Section 3101 of the Inter-
12 nal Revenue Code of 1986 is amended by redesignating
13 subsection (c) as subsection (d) and by inserting after sub-
14 section (b) the following new subsection:

15 “(c) MEDICARE FOR ALL.—

16 “(1) IN GENERAL.—In addition to other taxes,
17 there is hereby imposed on the income of every indi-
18 vidual a tax equal to 1.7 percent of the wages (as
19 defined in section 3121(a)) received by him with re-
20 spect to employment (as defined in section 3121(b))
21 that are in excess of \$25,000. The preceding sen-
22 tence shall not apply to wages received by an indi-
23 vidual with respect to employment during any period
24 unless the individual (or a family member of the in-

dividual) is enrolled in the program under title XXII of the Social Security Act during such period.

“(2) INFLATION ADJUSTMENT.—In the case of any taxable year beginning in a calendar year after 2008, the dollar amount contained in paragraph (1) shall be increased by an amount equal to—

“(A) such dollar amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, by substituting ‘calendar year 2007’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any increase determined under the preceding sentence is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.”.

(b) TAX ON EMPLOYERS.—Section 3111 of such Code is amended by redesignating subsection (c) as subsection (d) and by inserting after subsection (b) the following new subsection:

“(c) MEDICARE FOR ALL.—In addition to other taxes, there is hereby imposed on every employer an excise tax, with respect to having individuals in his employ, equal to 7 percent of the wages (as defined in section 3121(a)) paid by him with respect to employment (as defined in section 3121(b)). The preceding sentence shall not apply

1 to wages paid with respect to employment of an individual
2 during any period unless the individual (or a family mem-
3 ber of the individual) is enrolled in the program under title
4 XXII of the Social Security Act during such period.”.

5 (c) TAX ON SELF-EMPLOYMENT.—Section 1401 of
6 such Code is amended by redesignating subsection (c) as
7 subsection (d) and by inserting after subsection (b) the
8 following new subsection:

9 “(c) MEDICARE FOR ALL.—In addition to other
10 taxes, there shall be imposed for each taxable year, on the
11 self-employment income of every individual, a tax equal
12 to the applicable percent of the self-employment income
13 for such taxable year. For purposes of the preceding sen-
14 tence, the applicable percent is a percent equal to the sum
15 of the percent described in section 3101(c) (but only with
16 respect to self-employment income that is in excess of the
17 amount described in paragraph (1) of such section, as ad-
18 justed under paragraph (2) of such section) plus the per-
19 cent described in section 3111(c). This subsection shall
20 not apply to self-employment income of an individual for
21 a taxable year unless the individual (or a family member
22 of the individual) is enrolled in the program under title
23 XXII of the Social Security Act during such taxable
24 year.”.

25 (d) RAILROAD RETIREMENT TAX.—

1 (1) TAX ON EMPLOYEES.—Section 3201(a) of
2 such Code is amended by striking “subsections (a)
3 and (b) of section 3101” and inserting “subsections
4 (a), (b), and (c) of section 3101”.

5 (2) TAX ON EMPLOYEE REPRESENTATIVES.—
6 Section 3211(a) of such Code is amended by striking
7 “subsections (a) and (b) of section 3101 and sub-
8 sections (a) and (b) of section 3111” and inserting
9 “subsections (a), (b), and (c) of section 3101 and
10 subsections (a), (b), and (c) of section 3111”.

11 (3) TAX ON EMPLOYERS.—Section 3221(a) of
12 such Code is amended by striking “subsections (a)
13 and (b) of section 3111” and inserting “subsections
14 (a), (b), and (c) of section 3111”.

15 (4) DETERMINATION OF CONTRIBUTION
16 BASE.—Clause (iii) of section 3231(e)(2)(A) is
17 amended to read as follows:

18 “(iii) HOSPITAL INSURANCE AND
19 MEDICARE FOR ALL TAXES.—Clause (i)
20 shall not apply to—

21 “(I) so much of the rate applica-
22 ble under section 3201(a) or 3221(a)
23 as does not exceed the sum of the
24 rates of tax in effect under sub-

1 sections (b) and (c) of section 3101,
2 and

3 “(II) so much of the rate applica-
4 ble under section 3211(a) as does not
5 exceed the sum of the rates of tax in
6 effect under subsections (b) and (c) of
7 section 1401.”.

8 (e) APPLICATION OF TAX TO FEDERAL, STATE, AND
9 LOCAL EMPLOYMENT.—Paragraphs (1) and (2) of section
10 3121(u) and section 3125(a) of such Code are each
11 amended by striking “sections 3101(b) and 3111(b)” and
12 inserting “subsections (b) and (c) of section 3101 and sub-
13 sections (b) and (c) of section 3111”.

14 (f) CONFORMING AMENDMENTS.—

15 (1) Section 1402(a)(12)(B) of such Code is
16 amended by striking “subsections (a) and (b) of sec-
17 tion 1401” and inserting “subsections (a), (b), and
18 (c) of section 1401”.

19 (2) Section 3121(q) of such Code is amended
20 by striking “subsections (a) and (b) of section
21 3111” and inserting “subsections (a), (b), and (c) of
22 section 3111”.

23 (3) The last sentence of section 6051(a) of such
24 Code is amended by striking “sections 3101(c) and

1 3111(c)” and inserting “sections 3101(d) and
2 3111(d)”.

3 (g) **EFFECTIVE DATE.**—The amendments made by
4 this section shall apply to wages paid and self-employment
5 income derived on or after January 1 of the year following
6 the date of the enactment of this Act.

7 **SEC. 4. COLLECTIVELY BARGAINED PLANS.**

8 (a) **IN GENERAL.**—Except as provided in subsection
9 (c), nothing in this Act, or the amendments made by this
10 Act, shall be construed as affecting obligations to provide
11 or fund health care benefits under any group health plan
12 established or maintained under or pursuant to one or
13 more collective bargaining agreements between employee
14 representatives and one or more employers in effect on the
15 date of enactment of this Act.

16 (b) **APPLICATION.**—The Medicare for All program
17 under title XXII of the Social Security Act, as added by
18 section 2(a), shall not apply to eligible individuals (as de-
19 fined in section 2202(a)(2) of such Act (as so added)) cov-
20 ered by a group health plan described in subsection (a)
21 until the applicable collective bargaining agreement termi-
22 nates.

23 (c) **LIMITING BENEFITS TO INDIVIDUALS NOT YET**
24 **ELIGIBLE FOR MEDICARE FOR ALL.**—A group health plan
25 described in subsection (a) may, in accordance with an

1 agreement between the parties, limit coverage under the
2 plan to individuals who are not eligible for benefits under
3 such Medicare for All program.

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